

SAUGUS HIGH SCHOOL FUNDRAISER REQUEST APPLICATION

SAUGUS HIGH SCHOOL 21900 CENTURION WAY, SAUGUS, CALIF. 91350 661-297-3900 X2500

**MUST BE COMPLETED IN FULL BY CLASS/CLUB REPRESENTATIVE FOR**

**EVERY FUNDRAISER THAT HAS THE SAUGUS NAME ON IT.**

CLUB/CLASS#: \_\_\_\_\_ 501C3: YES NO ADVISOR NAME: \_\_\_\_\_

THIS IS A FUNDRAISER FOR DONATION ONLY YES NO

DONATION TO BE USED FOR: \_\_\_\_\_

NAME OF CLUB: \_\_\_\_\_ FUNDRAISER NAME \_\_\_\_\_

ITEM SELLING: \_\_\_\_\_ ITEM COST: \_\_\_\_\_ # OF ITEMS TO BE PURCHASED \_\_\_\_\_

TOTAL COST: \_\_\_\_\_

DATE OF FUNDRAISER: \_\_\_\_\_

WE WILL CHARGE: \_\_\_\_\_ FOR EACH ITEM SOLD (EX: WATER \$1.00 EACH)

AMOUNT EXPECTED TO RAISE: \_\_\_\_\_ (EX: \$100.00)

WE WILL BE USING OUR PROFIT OF OUR SALES FOR: \_\_\_\_\_

FUNDRAISER WILL BE: (CIRCLE ALL THAT APPLY) ON CAMPUS OFF CAMPUS AFTER SCHOOL

CLASS/CLUB APPROVALS:

CLASS/CLUB OFFICER SIGNATURE: \_\_\_\_\_

PRINTED NAME OF CLASS/CLUB OFFICER SIGNATURE ABOVE: \_\_\_\_\_

CLASS/CLUB OFFICER SCHOOL ID: \_\_\_\_\_

CLASS/CLUB ADVISOR SIGNATURE: \_\_\_\_\_

CLASS/CLUB ADVISOR PRINTED NAME: \_\_\_\_\_

(DO NOT WRITE BELOW THIS LINE) TO BE COMPLETED BY A.S.B. EXECUTIVE BOARD

TIME STAMPED \_\_\_\_\_ ASB OFFICE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CIRCLE ONE: APPROVED DECLINED REASON: \_\_\_\_\_

A.S.B. OFFICER SIGNATURE: \_\_\_\_\_

A.S.B. DIRECTOR SIGNATURE: \_\_\_\_\_

ADMINISTRATOR SIGNATURE: \_\_\_\_\_

NOTES: (REASON DECLINED OR ACCEPTED AND CHANGES THAT MUST BE MADE IF APPLICABLE)

